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Testimony of Sandra Trionfini

Before the Public Health Committee

Regarding HB 5437, AAC the Definition of Mental Retardation and Intellectual Disability

March 16, 2012

My name is Sandra Trionfini and I am an attorney in the Waterbury office of Connecticut Legal Services, Inc. My specialization is providing advocacy services and legal representation on behalf of individuals with developmental and intellectual disabilities (ID). I am here today to speak in favor of **H.B. No. 5437, An Act Concerning the Definitions of Mental Retardation and Intellectual Disability**. This bill represents the result of negotiations between Legal Services, the Department of Developmental Services, the Office of Protection and Advocacy for Persons with Disabilities and Arc Connecticut. We are pleased to present this language as the product of the coordinated efforts of these groups.

Connecticut's current definition of intellectual disability (ID was referred to as mental retardation when CT's definition was enacted) was developed during the mid-1970s and was based on the 2nd publication of the "Manual on Terminology and Classification in Mental Retardation" published by the American Association on Intellectual and Developmental Disabilities (AAIDD). Although CT still relies on the definition from the 2nd edition, the AAIDD published its 11th Edition in 2010.

The term "intellectual disability" as defined in the new AAIDD definition and as proposed in HB 5437, covers the same population of individuals who were diagnosed previously with mental retardation in number, kind, level, type and duration of the disability. However, it modernizes the diagnostic criteria, enabling a better use of the tools used to identify those who are deemed eligible for the services of DDS.

The changes proposed are quite subtle but will help bring our criteria into modern usage. **First**, the proposed language recognizes that deficits in adaptive behavior are of equal significance to limitations in intellectual functioning. This reflects the current best professional thinking regarding the identification of those who require service intervention. **Secondly**, the



language in HB 5437 will enable clinicians to use current tools of diagnosis, testing and clinical evaluation that are designed to interact with the more modern definition.

We do not propose to bring more people into the system for services but to direct more targeted services to those who are eligible. In this regard, H.B. 5437 provides for a better tool to serve intellectually disabled individuals and their families in Connecticut.

FACTS about **Modernizing DDS Eligibility Standards**

CT needs to modernize its approach to intellectual disability (ID) issues by adopting the 2010 definitions contained in the 11th edition of the American Association on Intellectual and Developmental Disabilities (AAIDD) manual. Although the AAIDD definition has been updated 11 times, CT is still using the version that was proposed in the 1977 manual.

Why does CT need to update its ID eligibility standards for services?

- The definition of ID relied upon by DDS is 35 years old. Over the past three decades there have been significant advances in understanding and assessing ID. CT's eligibility statute, CGS 1-1g, is impeding CT's ability to evolve along with the social and psychological construct of ID.
- Adopting the 2010 definition continues a trend towards moving away from an emphasis on testing and IQ scores and looks more to consideration of an individual's overall adaptive functioning. A greater emphasis on adaptive functioning means that everyday conceptual, social and practical skills are given greater import. Examples of adaptive functioning skills include grasp of money, time and number concepts, social problem solving, personal care and transportation needs and ability to use a telephone and follow rules.
- Modernizing means determining eligibility based upon a holistic understanding of the individual and not IQ alone. The antiquated definition of ID in CGS 1-1g is inconsistent with best practices as it places an emphasis on IQ without equal consideration of adaptive behavior.

This proposal does not create an entitlement to services. Access to services will remain subject to availability and funding.

The intent of the new definition is not to bring more people into the system for services but to direct more targeted services to those who are eligible.

This proposal will define the population in a more equitable manner so that individuals are served more appropriately. Services will be more tailored to achieving optimum functioning by meeting adaptive functioning needs.

FACTS about **Modernizing DDS Eligibility Standards**
